Washington State Health Care Authority

Operational webinar series:

Submit a Professional Claim with Primary Insurance other than Medicare

Copy of this presentation located at:
http://hrsa.dshs.wa.gov/pdf/provider/Webinar/SubmitProfessionalclaimwithPrimaryIns5010.pdf

Links to additional resources located throughout the presentation

After this Webinar, you can:

- **Create and Submit TPL secondary claims DDE**
  - **With backup**
  - **Without backup**
- **Submit TPL secondary claims electronically**
  - **Without BU**
- **Bill Medicare crossovers (XO) and commercial private insurance (TPL) on same claim**
- **No information about pharmacy claims is discussed in this webinar**

Accessing ProviderOne

Use web address
https://www.waproviderone.org

Ensure that your system "Pop Up Blocker" is turned "OFF"

Login using assigned Domain, Username, and Password

Click on the "Login" button

Determine what profile to use

For claims submission choose one of the following profiles

- ➢ **EXT Provider Super User**
- ➢ **EXT Provider Claims Submitter**
- ➢ **EXT Provider Eligibility Checker – Claims Submitter**

Provider Portal

■ **From the Provider Portal select the "Online Claims Entry" option located under the "Claims" Heading**

Online Services:

Claims	Hide/Max
Claim Inquiry	
Claim Adjustment/Void	
On-line Claims Entry	
On-line Batch Claims Submission (837)	
Resubmit Denied/Voided Claim	
Retrieve Saved Claims	
Manage Templates	
Create Claims from Saved Templates	
Manage Batch Claim Submission	

Provider Portal

Choose the type of claim that you would like to submit.

➢ **Professional is the HCFA 1500**

➢ **Institutional is the UB04**

➢ **Dental is the 2006 ADA form**

Choose an Option.

Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Billing Provider Information

■ **Section 1: Billing Provider Information of the DDE Professional claim form**

Professional Claim:

Note: asterisks (*) denote required fields.

Basic Claim Info	Other Claim Info

Billing Provider | Rendering Provider | Subscriber | Claim | Service

PROVIDER INFORMATION

Go to Other Claim Info to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Provider NPI: [　　　　　] * Taxonomy Code: [　　　　　]

❷ * Is the Billing Provider also the Rendering Provider?　　　　　○ Yes ○ No

❷ * Is this service the result of a referral?　　　　　○ Yes ○ No

Washington State
Health Care Authority

Billing Provider Information

Enter the Billing Provider NPI and taxonomy code

> **This will likely be the NPI and Taxonomy Code of the clinic/office where the service was performed and where you would like payment to be received.**

BILLING PROVIDER

* Provider NPI: [   ]   * Taxonomy Code: [   ]

Rendering Provider Information

■■ If the "Rendering Provider" is the same as the "Billing Provider" you just entered answer the question "YES" and go on to the next question.

* Is the Billing Provider also the Rendering Provider?	⦿ Yes ○ No

■■ If the "Rendering Provider" is different than the "Billing Provider" you entered in the previous question, answer "NO" and enter the "Rendering (Performing) Provider" NPI and Taxonomy Code.

* Is the Billing Provider also the Rendering Provider?		○ Yes ⦿ No
RENDERING (PERFORMING) PROVIDER		
* Provider NPI: [ ]	* Taxonomy Code: [ ]	

Referring Provider Information

⊞ **If the service "IS" a result of a referral answer "Yes" to this question and add the referring provider NPI.**

?	* Is this service the result of a referral?	⦿ Yes ◯ No
REFERRING PROVIDER INFORMATION		
* Provider NPI: [ ] Taxonomy Code: [ ]		

> **Note:** Only the provider NPI number is required for referring providers

⊞ **If the service is "NOT" the result of a referral answer the question "NO" and continue on to next section.**

?	* Is this service the result of a referral?	◯ Yes ⦿ No

Subscriber/Client Information

▪ Section 2: Subscriber/Client Information

Subscriber/Client Information

■■ **Enter the Subscriber/Client ID found on the WA Medicaid medical card. This ID is a 9 digit number followed by a "WA"**

➢ **Example: 123456789WA**

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID: [   ]

➕ Additional Subscriber/Client Information

■■ **Click on the red "+" to expand the "Additional Subscriber/Client Information" to enter required information.**

Subscriber/Client Information

■■ **Once the field is expanded enter the "Patient's Last Name, Date of Birth, and Gender.**

➤**Date of birth must be in the following format: MM/DD/CCYY.**

➤**Additional shown information fields are not needed.**

SUBSCRIBER/CLIENT INFORMATION

┌ SUBSCRIBER/CLIENT

* Client ID: [   ]

┌ ☐ **Additional Subscriber/Client Information**

* Org/Last Name: [   ]   First Name: [   ]

* Date of Birth: mm dd ccyy [| |]   * Gender: [▾]

Date of Death: mm dd ccyy [| |]   Patient Weight: [   ] lbs

Patient is pregnant: ○ Yes ○ No

Baby on Mom's Client ID

■■ **If claim is for a baby being billed under the mom's ID select "Yes" otherwise choose "No" and continue to next question.**

| ? Is this claim for a Baby on Mom's Client ID? | ○ Yes ○ No |

> **Note:** If claim is for a baby using the mom's ID, use the baby's last name, the baby's date of birth, and gender when filling out the "Subscriber/Client" information on previous slide. Be sure to add the claim note **SCI=B** when billing for a baby using mom's ID.

Medicare Crossover Claim

■■ If the claim is considered a Medicare Crossover answer the question "YES", this includes Managed Medicare Advantage Plans (Medicare Part C)

■■ If Medicare did not make a payment answer the question "**NO**"

Is this a Medicare Crossover Claim?   ○ Yes ○ No

> ➢ **Note:** WA Medicaid considers a claim as a crossover when Medicare allows the service. If Medicare makes a payment, a co-pay/coinsurance should be indicated. If Medicare applies the charges to a deductible, there may not be any payment.

> ➢ **Note:** If the claim is a Medicare Crossover and the question is answered "**YES**" the Medicare fields will open here allowing the provider to enter the required information. We have recorded a webinar specific to Medicare Crossovers located at:
> http://hrsa.dshs.wa.gov/provider/training.shtml

Insurance Other Than Medicaid

▪ **If the client has other commercial insurance open the "Other Insurance Information" section by clicking on the red (+) expander.**

▪ **Then open up the "1 Other Payer Insurance Information" section by clicking on the red (+) expander.**

Insurance Other Than Medicaid

▪ **Enter the "Payer/Insurance Organization Name" then**

▪ **Open up the "Additional Other Payer Information" section by clicking on the red (+) expander.**

Insurance Other Than Medicaid

■ In the "Additional Other Payer Information" section fill in the following:

Insurance Other Than Medicaid

■ **Use the Insurance Carrier Code found on the client eligibility screen under the "Coordination of Benefits" section as the "ID" number for the insurance company, or**

■ **Use the assigned insurance company ID provided on the insurance EOB**

Coordination of Benefits Information

Service Type Code ▲ ▼	Insurance Type Code ▲ ▼	Insurance Co. Name & Contact ▲ ▼	Carrier Code ▲ ▼	Policy Holder Name ▲ ▼	Policy Number ▲ ▼	Group Number ▲ ▼	Plan Sponsor ▲ ▼	Start Date ▲ ▼	End Date ▲ □
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999

Insurance Other Than Medicaid

■■ **Enter the total amount paid by the commercial private insurance.**

COB Monetary Amounts

COB Payer Paid Amount: [   ]

➕ Additional COB Information

Note: If the insurance applied to the deductible enter a $0 here.

Note: If the claim is for an insurance denial enter a $0 here.

Insurance Other Than Medicaid

■■ **Click on the red "+" to expand the "Claim Level Adjustments" section.**

Other Payer Information

* Payer/Insurance Organization Name: [   ]

☐ **Additional Other Payer Information**

Entity Qualifier: [▼]

* ID: [   ]   * ID Type: [▼]

Claim Check or Remittance Date: mm   dd   ccyy
[   ][   ][   ]

Number Type: [▼]   PA/Referral No.: [   ]

Payer Claim Adjustment: ○ Yes ○ No

⊞ **Secondary ID Information**

COB Monetary Amounts

COB Payer Paid Amount: [   ]

⊞ **Additional COB Information**

⊞ **CLAIM LEVEL ADJUSTMENTS**

⊞ **OTHER PAYER REFERRING PROVIDER INFORMATION**

⊞ **OTHER PAYER RENDERING PROVIDER INFORMATION**

⊞ **OTHER PAYER BILLING PROVIDER INFORMATION**

⊞ **OTHER PAYER SUPERVISING PROVIDER – SECONDARY ID INFORMATION**

⊞ **OTHER PAYER SERVICE FACILITY LOCATION INFORMATION**

Insurance Other Than Medicaid

■ **Enter the adjustment "Group Code", "Reason Code" (Number Only), and "Amount"**

CLAIM LEVEL ADJUSTMENTS

Dropdown options shown:
- CO-Contractual Obligations
- CR-Correction and Reversals
- OA-Other adjustments
- PI-Payer Initiated Reductions
- PR-Patient Responsibility

Rows 1–5: Group Code, Reason Code, Amount, Quantity

Note: The Agency only accepts the standardized HIPAA compliant group and reason codes. These can be located at the following website: http://www.wpc-edi.com/reference/

Claim Information

Section 3: Claim Information Section

Prior Authorization

- **If a "Prior Authorization" number needs to be added to the claim, click on the red "+" to expand the "Prior Authorization" fields.**
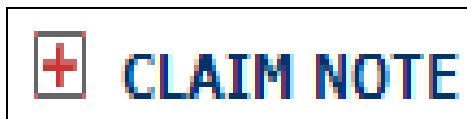- **EPA numbers are considered authorization numbers.**

> **Note:** We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim

Claim Note

- A note may to be added to the claim to assist in the processing.

- Click on the red "**+**" to expand the "Claim Note" section.
  - ➢ Enter the Type Code "ADD-Additional Information".
  - ➢The NOTE must say "Electronic TPL" if no EOB is sent.
  - ➢The note could say "Sending ins. EOB" if the EOB is sent
  - ➢ProviderOne allows up to 80 characters.

EPSDT Information

- **The "EPSDT Information" red (+) expander is NOT needed for medical claims at this time. You can skip over this and continue on to the next question.**

Condition Information

■■ The "Condition Information" red (**+**) expander is NOT needed for professional claims at this time. You can skip over this and continue on to the next question.

┌───┐
│ **⊞ CONDITION INFORMATION**   │
└───┘

Is the Claim Accident Related?

■ **This question will almost always be answered "NO" as Washington Medicaid has a specific casualty office that handles claims where another casualty insurance may be primary.**

➢ **The Casualty office can be reached at 800-562-3022 ext 15462**

Patient Account Number

■ **The "Patient Account No." field allows the provider to enter their internal patient account numbers assigned to the patient by their practice management system.**

Patient Account No.: _____

> ➤ **Note:** Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.

Place of Service

▪ **With 5010 implementation the "Place of Service" box has been added to the main claim section. Choose the appropriate "Place of Service" from the drop down.**

|	
* Place of Service:	⌄

01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

➢ **Note:** The "Place of Service" is required in this section but can still be added to the line level of the claim. Line level is <u>not</u> required.

Additional Claim Data

- **The "Additional Claim Data" red (+) expander will allow the provider to enter the patient's spenddown amount.**
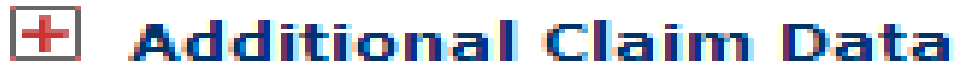
- **If patient has a spenddown click on the red (+) expander to display the below image. Enter the spenddown amount in the "Patient Paid Amount" box.**

Diagnosis Codes

▪▪ Enter the appropriate ICD-9 diagnosis code or codes.

Diagnosis Codes:	* 1:	2:	3:	4:	5:	6:
	7:	8:	9:	10:	11:	12:

> **Note:**
> - At least 1 diagnosis code is required for all claims.
> - ProviderOne will allow up to 12 ICD-9 diagnosis codes.
> - Do not enter decimal points in DX codes. ProviderOne will add these in once the claim is submitted.

Basic Service Line Items

■ Section 4: Basic Line Item Information

Basic Service Line Items

■■ **Enter the "From Service Date"**

	mm	dd	ccyy
* Service Date From:			

■■ **Enter the "To Service Date"**

	mm	dd	ccyy
* Service Date To:			

> ➤ **Note:** The dates of service must be in the format of 2 digit month, 2 digit day, and 4 digit year, for example 10/03/2011.

Basic Service Line Items

■ **Optional "Place of Service Code" (Not required here as already entered)**

Place of Service: [▼]

> ➤ **Note:** Use the "Blue Arrow" drop down to display all POS codes loaded in ProviderOne.

■ **POS codes available:**

01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

Basic Service Line Items

■■ **Enter the "Procedure Code"**

* Procedure Code: [   ]

> **Note:** Use current codes listed in the coding manuals.

■■ **Enter the appropriate procedure "Modifier(s)" if needed.**

Modifiers: **1:** [   ]   **2:** [   ] **3:** [   ] **4:** [   ]

> **Note:** ProviderOne allows up to 4 Modifiers to be added to a single procedure code.

Basic Service Line Items

∷ **Enter "Submitted Charges"**

* Submitted Charges: $ [   ]

> **Note:** If dollar amount is a whole number no decimal point is needed.

> **Note:** The Agency request providers to enter their usual and accustom charges here. If providers have billed a Commercial Insurance or Medicare primary, please enter the same charges here as billed to the primary. If a provider is billing for DME supplies that required prior authorization, please enter the same amount here as was on the authorization request because they must match.

Basic Service Line Items

■■ **Enter appropriate "Diagnosis Pointer"**

Diagnosis Pointers: *1: [▼]   2: [▼]   3: [▼]   4: [▼]
1
2
3
4
5
6
7
8

> **Note:**
> - At least one DX pointer is required.
> - Up to 4 DX codes can be added per service line.
> - Diagnosis Pointer 1 is the primary DX code.
> - Diagnosis Pointer drop down corresponds with DX codes entered previously.

Basic Service Line Items

Enter procedure "Units"

* Units:	

> **Note:** At least 1 unit is required

Basic Service Line Items

▪ **If the claim is a "Medicare Crossover" claim complete the following:**

⊞ **Medicare Crossover Items**		
* Medicare Deductible:	$ [ ]	* Medicare Coinsurance: $ [ ]
* Medicare Paid:	$ [ ]	* Medicare Allowed Amount: $ [ ]
* Medicare Paid Date:	mm dd ccyy [ ][ ][ ]	

> **Note:** Entering the line level Medicare information is required here if the previous question concerning Medicare Crossovers was answered yes. The line level Medicare payment data sum must match the claim level Medicare payment data entered.

> **Note:** For complete instructions on how to submit a Medicare Crossover claim please view the online webinar and presentation slides at http://hrsa.dshs.wa.gov/provider/training.shtml

Basic Service Line Items

- **Enter "National Drug Code" (NDC) if billing an injectable procedure code.**

National Drug Code: [   ]

- **The "Drug Identification" red (+) expander is not needed when billing for injectable procedure codes.**

[+] **Drug Identification**

Basic Service Line Items

- If a "Prior Authorization" number needs to be added to a line level procedure code, click on the red "+" to expand the "Prior Authorization".

> **Note:** If a Prior Authorization number was entered previously on the claim it is not necessary to enter it again here.

- The "Additional Service Line Information" is not needed for claims submission.

Add Service Line Items

▦ **Click on the "Add Service Line Item" button to list the procedure line on the claim.**

➢ **Note:** Please ensure all necessary claim information has been entered before clicking the "Add Service Line Item" button to add the service line to the claim.

➢ **Note:** Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

- **If additional service lines need to be added, click on the "Service" hyperlink to get quickly back to the "Basic Service Line Items" section.**

- **Then follow the same procedure as outlined above for entering data for each line.**

Update Service Line Items

■ **Update a previously added service line item by clicking on the line number of line that needs to be updated. This will repopulate the service line item boxes for changes to be made.**

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 75.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2011	01/01/2011	99214					1				75.00	1		Delete or Other Service Info

> **Note:** Once the line number is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the "**Service**" hyperlink to quickly return to the service line item boxes and make corrections.

Update Service Line Items

■ **Once the service line is corrected, click on the "Update Service Line Item" button to add corrected information on claim.**

> **Note:** Once the "**Update Service Line Item**" button is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the "**Service**" hyperlink to quickly return to the service line item section to view and verify that changes were completed.

Delete Service Line Items

■ **A service line can easily be "Deleted" from claim before submission by clicking on the "Delete" option at the end of the added service line.**

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	01/01/2011	01/01/2011	99214					1				150.00	1		Delete or Other Service Info

Click a Line No. below to view/update that Line Item Information.   Total Submitted Charges: $ 150.00

➢ **Note:** Once the service line item is deleted it will be permanently removed from claim. If the service line was accidently deleted the provider will need to re-enter the information following previous instructions.

Submit Claim for Processing

■■ **When the claim is ready for processing, click the "Submit Claim" button at the top of the claim form.**
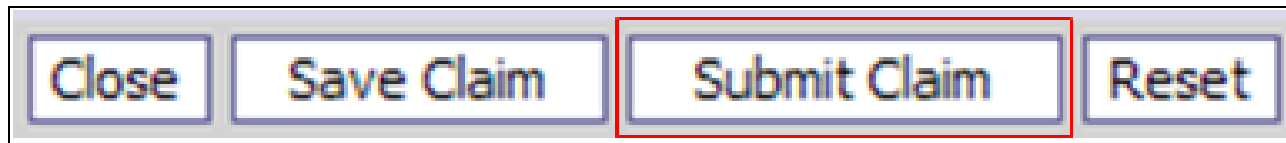
> **Note:** Make sure the browser "**Pop Up Blocker**" is off or the system will not allow the claim to be submitted.

Submit Claim for Processing

■ **Click on the "Submit Claim" button to submit the claim. ProviderOne should display this prompt:**
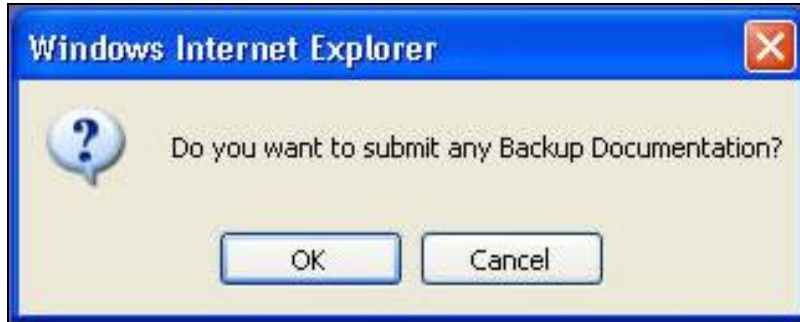
■ **Click on the "Cancel" button if no backup is to be sent.**

■ **Click on "OK" if backup needs to be attached.**

> **Note:** If all insurance information has been entered on the claim, it is not necessary to send the insurance EOB with the claim.

Submit Claim for Processing – No Backup

▪ **ProviderOne now displays the "Submitted Professional Claim Detail" screen**

▪ **Click on the "OK" button to finish submitting the claim**

Submit Claim for Processing – With Backup (Electronic File Attached)

- **The "Claims Backup Documentation" page is displayed**

- ➢ **Enter the Attachment Type**
- ➢ **Pick one of the following Transmission Codes:**
  - •**EL-Electronic Only or Electronic file,**
  - •**Then browse to find the file name**
- ➢ **Click the "OK" button**

Submit Claim for Processing – With Backup (Electronic File Attached)

▉ **The "Submitted Professional Claim Details" page is then displayed.**

Submitted Professional Claim Details:	
TCN:	201201100000004000
Provider NPI:	1760562995
Client ID:	100666385WA
Date of Service:	01/01/2012-01/01/2012
Total Claim Charge:	120

Please click "Add Attachment" button, to attach the documents. **Add Attachment**

Attachment List:

☐	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code △▼	Attachment Control ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
☐	0	10-86.pdf	EB	EL		266kb	X	01/11/2012

<<Prev   Viewing Page 1   Next>> 1   Go   Page Count   SaveToXLS

Print | Print Cover Page | Ok

WARNING: You must click the OK button to complete the claims submission.

▉ **Now push the "OK" button to submit the claim.**

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- The "Claims Backup Documentation" page is displayed.

- ➢ Enter the Attachment Type
- ➢ Pick one of the following Transmission Codes:
    - •BM : By Mail
    - •FX : Fax
- ➢ Click the "OK" button

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

If sending paper documents with the claim, at the "Submitted Professional Claim Details" page click on the "Print cover Page " button.

Submitted Professional Claim Details:	
TCN:	201127300000014000
Provider NPI:	1342222999
Client ID:	300655596WA
Date of Service:	10/20/2010-10/20/2010
Total Claim Charge:	75

Please click "Add Attachment" button, to attach the documents.   Add Attachment

Attachment List:

☐	Line No ▲ ▼	File Name ▲ ▼	Attachment Type ▲ ▼	Transmission Code △ ▼	Attachment Control ▲ ▼	File Size ▲ ▼	Delete ▲ ▼	Uploaded On ▲ ▼
☐	0	BM	EB	BM		0kb	X	09/30/2011

<< Prev   Viewing Page 1   Next >> 1 Go Page Count   SaveToXLS

Print   Print Cover Page   Ok

Submit Claim for Processing – With Backup

■■ **Fill in the boxes with the appropriate information. When completed click on the "Print Cover Sheet" and mail to:**

Electronic Claim Back-up Documentation
PO BOX 45535
Olympia, WA 98504-5535

OR
Fax 1-866-668-1214

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- Now push the "OK button to submit the claim

Submitted Professional Claim Details:

TCN: 201127300000014000
Provider NPI: 1342222999
Client ID: 300655596WA
Date of Service: 10/20/2010-10/20/2010
Total Claim Charge: 75

Please click "Add Attachment" button, to attach the documents.   **Add Attachment**

Attachment List:

	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code △▼	Attachment Control ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
☐	0	BM	EB	BM		0kb	X	09/30/2011

<< Prev   Viewing Page 1   Next >> | 1 | Go   Page Count   SaveToXLS

Print | Print Cover Page | Ok

WARNING: You must click the OK button to complete the claims submission.

Batch Secondary Electronic Billing

- **The Agency is accepting secondary electronic claim billing through a clearinghouse batch or a self submitted HIPAA claim batch.**

- **Follow the HIPAA companion guides to submit primary payer insurance information:**
  - ➢ **Find at http://hrsa.dshs.wa.gov/dshshipaa/**
  - ➢ **837 Professional (Pages 40-45; 52-53)**
  - ➢ **837 Institutional (Pages 80-84; 90-91)**
  - ➢ **837 Dental (Pages 112-116; 122-123)**

- **Add the required comment "Electronic TPL" in Loop 2300 NTE Segment.**

- **Add the required Adjustment Reason Code information (Loop information located on the above pages in the companion guides).**

Reference Information

General Information about Medicaid:

- **Summarized in the new ProviderOne Billing and Resource Guide** http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html
- **See the new Provider Training web site for links to recorded Webinars, E-Learning, and Manuals** http://www.dshs.wa.gov/provider/training.shtml